

U.S. DISTRICT COURT
EASTERN DISTRICT-WI
FILED

2020 SEP 18 P 2:05

CLERK OF COURT

COMPLAINT

(for filers who are prisoners without lawyers)

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN

(Full name of plaintiff(s))

DUSAN DRAGISICH

v.

(Full name of defendant(s))

Case Number:

20-C-1465

(to be supplied by Clerk of Court)

RACINE COUNTY JAIL, Mend Correctional Care
Milwaukee Secure Detention Facility, WISC DOC (DCC),
Milwaukee County House of Correction,
Aurora Correctional Care

A. PARTIES

1. Plaintiff is a citizen of WISCONSIN, and is located at
(State)

RACINE, COUNTY JAIL 217 WISCONSIN AVE RACINE, WI 53403
(Address of prison or jail)

(If more than one plaintiff is filing, use another piece of paper.)

2. Defendant RACINE COUNTY JAIL
(Name)

is (if a person or private corporation) a citizen of WISCONSIN

3. DEFENDANT MEND CORRECTIONAL CARE

WORKED FOR: RACINE COUNTY JAIL

4. Milwaukee Secure Detention Facility
MILWAUKEE, WI

5. State of Wisc Dept of Corrections (DOC)
MADISON, WI

6. Milwaukee County House of Correction
FRANKLIN, WI

7. AURORA CORRECTIONAL CARE
FLORIDA

and (if a person) resides at 717 WISC AVE RACINE, WI 53403
(State, if known)
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for _____
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

YOUR HONOR THIS IS ONE CONTINUOUS
CLAIM THE SAME INJURYS BUT THE LOCATION
OF INCARCERATION CHANGES OVER A
PERIOD OF TIME WITH THE SAME
VIOLATIONS COMMITTED OVER AND
OVER AGAIN! THE STATE DOC
DEFENDANT THROUGHOUT!

I WILL NEED TO SUPPLEMENT THE
COMPLAINT WHEN MY FILE THAT'S IN ATTORNEY
CASES POSITION IS FILED. OBTAINED

Statement of Claim 1-4

11-25-20 I WAS RELEASED FROM THE MILWAUKEE SECURE DETENTION FACILITY. I HAVE BEEN SENTENCED TO 18 MONTHS. I HAD A BROKEN CERVICAL SPINE AND DID NOT RECEIVE THE SPECIALISTS PRESCRIBED TREATMENT RECOMMENDATIONS. HE WHO DIRECTED TREATMENT BEFORE AND DURING INCARCERATION THE STATE HAD A DUTY TO CARE BUT THEY BREACHED THAT DUTY! I WAS RELEASED WITH A NOTE FROM THE DOCTOR THAT I SHOULD REPORT TO MY SPECIALIST, SURGEN ASAP! I WAS RELEASED HOMELESS! THE STATE DCC (DOC) KEPT ME AND MY WIFE SEPERATED WITH A NO CONTACT ORDER! 6-15-20 I'M DETAINED, ARRESTED IN RACINE COUNTY. I CHOOSE TO REMAIN SILENT AND I WAS PUT ON SUICIDE WATCH AND MY PRESCRIPTION BIFOCAL GLASSES WERE TAKEN AWAY. I MADE EVERYONE AWARE OF MY CERVICAL SPINE CONDITION, DISABILITY! 7-21-20 DUE TO MENTAL HEALTH, PHYSICAL HEALTH DETERIORATION, PSYCHOLOGICAL HARM AND WITHDRAWAL PAIN DUE TO THE DELIBERATE INDIFFERENCE OF MENA CORRECTIONAL CARE, THE DCC, STATE OF WISCONSIN, RACINE COUNTY JAIL, THE PSYCHIATRIST INFORMED ME THAT I WILL NOT BE TREATED LIKE OTHER PRETRIAL DEFENDANTS ON PRETRIAL RELEASE THAT THE TREATMENTS I WAS ALREADY PRESCRIBED PRIOR TO AND AT MSDP AND PRIOR TO THIS DETENTION WILL BE DISCONTINUED, DUE TO THE POLICYS, PRACTICES, CUSTOMS, OF THE JAIL, MENA AND THE (DOC) STATE OF WISCONSIN. THAT IN THE FUTURE WHEN I'M SENTENCED TO PRISON, THE TREATMENTS WILL RESUME, THAT THE STATE WILL TAKE CARE OF ME! MENA CORRECTIONAL CARE WILL NOT! DUE TO THE REFUSAL OF THE JAIL TO RETURN MY GLASSES I BEGGED THE PSYCHIATRIST FOR HELP AND SHE FACILITATED THE RETURN ON 7-21-20! I HAD EXPLAINED TO HER THAT I WAS BLIND THAT I WAS FORCED TO TRUST ASK OTHERS FOR HELP. PEOPLE, STAFF WHO TRICKED, ABUSED, STOLE FROM ME DUE TO THE PUNISHMENT OF THE TORTFEASORS. THE BREACH OF THEIR DUTY TO CARE! I WAS FORCED TO MAKE SIGNED STATEMENTS, GO TO COURT, AND DEFEND MYSELF LEGALLY, SIGN LEGAL FORMS THAT I COULDN'T READ. THE JAIL HAS TURNED A BLIND EYE!

Statement of Claim 2-4

AS A RESULT OF THE DEPARTMENT OF COMMUNITY CORRECTIONS REVOCATION PROCESS BREACHED THEIR DUTY TO CARE. THEY INTENTIONALLY WRONGFULLY GAINED ACCESS TO ALL MY PROTECTED HEALTH INFORMATION, WRONGFULLY ENTRY ONTO ANOTHERS PROPERTY AND CONVERSION! DEFAMATORY FALSE CLAIMS AND SLANDER! ON 7-7-20 DUE TO AN ABDOMINAL BLOCKAGE I WAS LAUGHED AT AND HUMILIATED BY OUR OFFICER AND THE RACINE JAIL POLICY, PROCEDURE, CUSTOMS, FORCED TO SUFFER HUMILIATION IN FRONT OF THE WHOLE DORM BY PUBLICLY SHARING MY PERSONAL HEALTH CARE, AND MEDICAL EMERGENCY OVER THE PUBLIC ANNOUNCEMENT SYSTEM AND THROUGH THE FOOD TRAP ON THE DOOR! TWO OFFICERS CALLED IN A MEDICAL EMERGENCY INTO THE HEALTH SERVICES UNIT, AND DIRECTLY TO THE NURSE, BUT NO ONE SHOWED UP FOR 5 HOURS AFTER SEVEN CALLS MIN AND NO RESPONSE THE OFFICERS TOLD ME THAT THERE'S NOTHING MORE THEY CAN DO. THE TORTURE WENT ON FOR DAYS! THEY QUIT ANSWERING GRIEVANCES, COMPLAINTS

I HAVE AN OBJECTFULLY SERIOUS MEDICAL NEED A LIFELONG HANDICAP THE DOCTOR WANTS TO PUT A STEEL PLATE IN MY NECK AND FUSE IT. I HAVE BEEN LOCKED UP SINCE 2017 WHEN THE INJURY TOOK PLACE AND IM IN DANGER OF LIFELONG DEGENERATION OF NERVES AND I HAVE EXTREME NERVE PAIN! A LIFELONG HANDICAP! IT'S GETTING WORSE AGAIN! THE JAIL HERE STOPPED MY PAIN MEDICATION ON 6-13-20 AS WELL AS ONE OF MY ANXIETY MEDICATIONS. IT'S BEEN OVER 3 YEARS AND I STILL HAVE NOT BEEN ABLE TO HAVE MY SURGERY! IM CLAIMING AN 8TH AMENDMENT VIOLATION OF CRUEL AND UNUSUAL TREATMENT! DELIBERATE INDIFFERENCE!

Statement of claim 3-4

AND I claim violations of my Due Process Rights under the 14th, 8th, 5th Amendments

The Right to continuation of Drug therapy
The Right to treatments that I was receiving at the time of INCARCERATION
AND Psychological trauma!

Violations of pretrial conditions of confinement

WISCONSIN Administrative Code 349. Municipal Lockup

349.08 Sanitation AND Hygiene (1A) Soap AND towels upon Request

.09 Health Screening

.17 Health Care

.19 medication

Bail Has Been Set At A Very Oppressive Level

WISCONSIN Administrative Code

350.09 Policies AND PROCEDURES

.10 RECORDS (I wrote for a legal loan) (NO ANSWER)

.12 Sanitation AND Hygiene (NO SOAP) (NOT ENOUGH toilet paper)

.13 Health Services

.14 Adequate Health care (INADEQUATE)

.15 Health care policy

.26 Grievance policy (NOT BEING ANSWERED)

.27 Legal Access (NONE) 9-5-20 Took TABLETS

.32 Religious programming (NONE)

Refusal to provide Essential Care

Superior Liability (code of Silence)

Statement of claim 4-4

AND these ADDITIONAL VIOLATIONS

I ADEQUATE medical, mental HEALTH treatment

1. IGNORING OBVIOUS CONDITIONS
2. Failing to provide treatment FOR Diagnosed CONDITIONS
3. Failing to Investigate Enough to make AN Informed JUDGMENT
4. Delaying treatment
5. Interfering with ACCESS to treatment
6. Making medical Decisions BASED ON non medical FACTORS
(BUDGETARY RESTRICTIONS)
7. making A medical JUDGMENT SO BAD IT Falls Below
PROFESSIONAL medical STANDARDS

GOVERNMENTAL WILLFUL, BIASED DISCRIMINATION!
RACINE County acting on BEHALF OF WISCONSIN

1. BAIL that IS USED AS A FORM OF OPPRESSION
2. UNREASONABLE, Descending, BIASED OWI BAC
level .02 INCLUDED IN BACKGROUND CCAP
THERE ARE 3 DIFFERENT BAC LEVELS Applied
to 3 DIFFERENT GROUPS OF HUMAN BEINGS,
APPLICATIONS .02, .04, .08
lowest Applied to A PERSON with AN ADDICTION
AND with the HIGHEST pertaining to people
who Haven't BEEN CAUGHT yet
Highly DISCRIMINATORY!

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

Nominal, punitive, Exemplary
Compensatory, Nominal, Consequential,
Detrimental Actual Damages
Incidental, Consequential Damages
obligatory, permissive waste,
Defamatory Damage, Disability

ANY AND ALL DAMAGES APPLICABLE!
WHATEVER THE COURT FINDS FAIR AND PLEASE
ANY AND ALL APPLICABLE MONEY AND
DECLARATORY DAMAGES, INJUNCTIONS APPLICABLE!
THE SYSTEM IS BROKEN! IT'S ALL ABOUT
MONEY FOR THE DEFENDANTS SO PLEASE!
MAKE THEM PAY DAMAGES! I WANT TO FARM!

E. JURY DEMAND

I want a jury to hear my case.

☐ - YES

☒ - NO

At this point

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 13th day of September 2020.

Respectfully Submitted,

[Signature]

Signature of Plaintiff

*DOC 124181, RACINE JAIL #112941

Plaintiff's Prisoner ID Number

RACINE CO JAIL 717 WISCONSIN AVE

RACINE, WI

(Mailing Address of Plaintiff)

53403

(If more than one plaintiff, use another piece of paper.)

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FULL FILING FEE



I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.



I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.